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THE CANADIAN NURSE

AND HOSPITAL REVIEW

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THE
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A Monthly Journal for the Nursing Profession in Canada

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Development of the Red Cross Nursing Service

BY MISS AGNES DEANS

Organization is a dry subject, but there can be no clear comprehension of this subject without a few words on the construction of the American Red Cross in general. Following the reorganization of the Red Cross in 1905 a Central Committee was appointed which formed a sort of cabinet, under it being three important Boards, namely, War Relief, National Relief and International Relief, the Chairman and the Vice-Chairman of these being members of the Central Committee. To each of these committees was assigned special duties in connection with its particular department of relief operations. Policies were established by these Boards in their respective fields, and recommendations for appropriations made to the Central Committee, which reserved to itself the right to approve of these.

Under these several Boards were various sub-committees, namely, the Medical Bureau, First Aid Department, Nursing Service, Town and Country Nursing Service.

In 1916 the organization further developed and some of the sub-committees grew into departments, namely, the Medical and the First Aid, and were named "Department of Military Relief" and "Depart-

ment of Civilian Relief," with a Department of Chapters and a Department of Administration, the National Committee on Red Cross Nursing Service, and Town and Country.

The Nursing Service was responsible to the Department of Military Relief, and the Town and Country to a certain degree responsible to the Department of Civilian Relief.

The duties of the Department of Military Relief, in accordance with the spirit and conditions of the conference of Geneva of October, 1863, and also of the Treaty of Geneva of August 22nd, 1864, to which the United States of America gave its adhesion March 1, 1882:

"To act in matters of voluntary relief and in accord with the military and naval authorities as a medium of communication between the people of the United States of America and their army and navy, and to act in such matters between similar national societies of other governments through the 'Comite International de Secours' and the government and the people and the army and navy of the United States." (This last paragraph is in brief the Act passed by Congress, Jan. 5th, 1905.)

The Department of Military Relief was responsible for the equipment and management of hospitals, hospital ships, hospital trains, transportation of the sick and wounded; the manufacture, collection, storage and distribution of hospital and other war relief supplies, and for the enrollment and equipment of units required by the regulations governing the management of the Red Cross in time of war. This included the enrollment of the personnel of these units.

This briefly gives the structure of the Red Cross in its relation to the Nursing Service prior to the entrance of the United States in the European war.

The care of the sick and wounded in time of war was primarily the object in organizing the Red Cross, and the necessity of securing volunteer nurses was clearly indicated in three of the six original articles of agreement by the following paragraphs:

Article IV. "To train and instruct volunteer nurses."

Article V. "In particular they shall organize and place volunteer nurses on an active footing."

Article VI. "On the demand or with the concurrence of the military authority the committee shall send volunteer nurses to the field of battle."

No effort was made in the United States to establish an adequate nursing personnel until after the reorganization of the Red Cross in 1905, when several states through special committees undertook the enrollment of nurses for service under the American Red Cross; but there was no concerted action, nor were there uniform requirements.

With the growth of the American Red Cross and the extension of its activities into various new fields, notable in connection with emergency relief, tuberculosis work and First Aid instruction, the need of nurses even in time of peace was clearly demonstrated.

As you know, there has developed in the United States the largest organization of trained nurses to be found in the world; and the Red Cross, quick to realize the advantages of co-operation with this representative body of women, requested affiliation of the Nurses' Association Alumnae of the United States (now known as the American Nurses' Association), and submitted to them at their annual meeting in 1909 the following resolution of the War Relief Board of the American Red Cross, providing for a sub-committee on nursing service:

"Resolved, That the sub-committee on Red Cross nursing service shall consist of a chairman and fourteen other members, five to constitute a quorum. The chairman and five members to be members of the War Relief Board, to be appointed by the chairman of the Board from a list of trained nurses submitted by the Nurses' Federation, and three persons to be appointed by the chairman on recommendation of the Board."

The chairman and two other members of the committee to be selected from trained nurses, members of the War Relief Board. Of the three other members, one should be a surgeon of the army, one a surgeon of the navy, and the third some other member of the War Relief Board. This will give a membership of nine trained nurses on a committee of fifteen.

This affiliation was agreed upon by the Nurses' Associated Alumnae, and following the annual meeting of the Red Cross in December, 1909, the following National Committee on Red Cross Nursing Service was appointed by the War Relief Board in accordance with the above resolution:

Jane A. Delano, Chairman
Georgia M. Nevinsk, Secretary
Dr. William H. Welch
Mrs. Isabel Hampton Robb
Mrs. Whitelaw Reid
Mrs. William K. Draper
Major Charles Lynch
Passed Assistant Surgeon Middleton S. Elliott
Sophia F. Palmer
Emma A. Nichols
Linna G. Richardson
Mrs. Frederick Tice
Margaret A. Pepoon
Mrs. Harriet C. Lounsberry
Miss Anna Maxwell

The first meeting of this National Committee was held early in 1910 and rules governing the Committee were drawn up, also a tentative plan for enrollment of nurses. It is to the untiring efforts and enthusiasm of the Chairman, Miss Delano, and the counsel of the other members of this Committee, that the nurses are indebted for the

most efficient plan of organization and system of enrollment which up to this date has ever been established.

The duties of this Committee are summed up as follows:

1. To organize the Nursing Service of the Red Cross.

2. To make uniform rules for the enrollment of nurses throughout the United States.

3. To arrange for the establishment of State and Local Committees.

4. To have general supervision over the work of all Committees and to recommend such changes as the exigencies of the service require.

5. To appoint annually State Committees, members of which are members of some organization affiliated with the American Nurses' Association.

6. To issue to Local Committees on Red Cross necessary blanks and supplies.

7. To receive and file in the national office of the Red Cross in Washington all applications of nurses who have been considered by the Local and State Committees, and issue appointment cards and badges to accepted applicants.

8. To appoint as headquarters registries for nurses, or other offices or suitable places for filing lists of enrolled nurses.

9. To keep in the national office of the Red Cross in Washington card catalogues of all State and Local Committees, with the approximate number of nurses available at each.

10. To ascertain and keep on file the various sources of volunteer service available, including sisterhoods and members of other orders; to arrange for lectures on the relation of nurses to the Red Cross, and to present the subject to graduating classes of nurses throughout the country.

11. To study the nursing service of the Red Cross in other countries, with the object of improving that in the United States.

12. To co-operate with the medical departments of the army and navy, and to provide instruction for enrolled nurses in the special duties which would be required of them in time of war.

Assignment of nurses to duty to be referred to the Chairman of the National Committee, and in co-operation with such other members of the Committee as may be necessary were responsible for assignments.

State Committees consisting of not less than five members were appointed in every State in the Union where a State organization of nurses existed, and these Committees in turn submitted names of nurses who were eligible to serve as Local Committees, and upon being endorsed by the National Committee were appointed in such a manner to cover the entire State.

The National Committee instructed the State Committees regarding their duties, and the State Committees instructed the Local Committees.

To be eligible for enrollment in the Nursing Service of the Red Cross, an applicant must have had at least a two-years' course in a general hospital, which includes the care of men and has a daily average number of 50 patients. Upon recommendation of a local committee of the Nursing Service, subsequent hospital experience or post-graduate work may be accepted by the National Committee.

Between 1909 and 1913 about 5,000 nurses had been enrolled, all of whom had exceeded the requirements; and approximately 1,500 had been assigned to duty in different parts of the country during disasters, such as flood and fire, and also conducted first aid stations during parades, Grand Army unions and similar celebrations. The efficiency and preparedness of the Service were well tested during the Dayton flood, when 228 were called to serve; 77 of these were on the ground within 48 hours, the remainder within 96 hours following the disaster. This could have been accomplished sooner excepting for the delay in the transportation due to railroads being demolished.

In 1914, when war was declared between England and Germany, the American Red Cross offered to send relief, including hospital units composed of physicians and nurses, and a hurried call was sent to all local committees to organize units consisting from five to twenty-four in a unit. The first call for aid came in midsummer when a large number of the nurses were on vacations, but the response was most gratifying and prompt. When the date of sailing was definitely determined, the entire group of 125 mobilized inside of two days in New York. Another group of eleven sailed on September 8th for Salonica, Greece, to go from there to Serbia.

From August 1, 1914, to July 8, 1915, 253 nurses had been assigned to Europe, serving in the following hospitals:

American Women's Hospital, Paignton
Hospital at Pau
Alliance Hospital, Yvetot
Hospital at Kiev, Russia
Hospitals at Gleichwitz and Kossel, Germany
Hospitals at Vienna and Budapest
Hospital L'Ocean, La Panne, Belgium
Sanitary Commission in Serbia and Montenegro

In October, 1915, it was found necessary to withdraw the nursing personnel for lack of funds, with the exception of the units in Belgium, which returned in April, 1916. Two nurses, after their arrival in the United States, succumbed to the after effects of the hard work and exposure in foreign countries. Up to this time the Chairman of the National Committee, with a clerk and two stenographers, constituted the staff at headquarters, and in fact carried it on until 1916 with the aid of several volunteers in 1915, 44 Local and 30 State Committees in 1915.

The conspicuous outstanding development of the Red Cross began at the eleventh annual meeting of the Red Cross, when its by-laws

were revised to take care of any serious emergency which might confront it.

In the report given by the Chairman of the Central Committee, the Honorable William Taft, he states that under the most efficient management of Miss Delano, Chairman of the National Committee on Red Cross Nursing Service, a corps of over 7,000 nurses had been enrolled. This branch of the work having become so large and important, and the burden so great, it had been recommended that a Bureau of Nursing be established with a superintendent to direct it. Action was taken at once, and Miss Clara D. Noyes, Principal of Nurses at Bellevue Hospital, New York, was appointed to fill the position. This appointment in no way changed the general policy of the Nursing Service.

In the meantime the number of members on the National Committee of Red Cross Nursing Service was increased to forty-six, thirty-three of whom were nurses representing all sections of the country, besides the Presidents of the three national organizations of nurses—American Nurses' Association, National League of Nursing Education and National Organization for Public Health—and the Director of the Town and Country Nursing Service. Another revision to the by-laws of the Red Cross affecting the Nursing Service was that "every State Association of Nurses which was affiliated with the American Nurses' Association would be entitled to one delegate at the annual meeting of the Red Cross with the power to vote."

In July, 1916, the National Committee issued a circular which stated that "nurses will be selected for service in the event of war through Base Hospital Units or Local Committees on Red Cross Nursing Service, and if not already enrolled must in all cases become enrolled. In addition to usual credentials indicated in former circulars, nurses desiring appointment in the event of war will be required to take a physical examination and receive immunity treatment for typhoid fever and smallpox; furthermore, nurses volunteering for service are urged not to give up their positions nor purchase any equipment unless definitely requested to do so."

In October, 1916, a test was made at Philadelphia of mobilizing a hospital unit which called for a nursing personnel of 50. This was conducted so successfully that immediately the organization of these was authorized. The Nursing Service staff increased steadily until in May, when 15 stenographers and filing clerks were employed. The first five hospital units were ordered to mobilize in May for foreign service and to proceed to the point of sailing immediately. The country had not yet begun to realize that "a state of war had been declared," but I assure the Red Cross had—and I might say that it was at this date we realized that the Nursing Service had been organized on such a firm and practical basis that it was fully prepared for the outbreak of war.

On May 10th, 1917, President Wilson, as President of the American Red Cross, created within the Red Cross a War Council, whose responsibility was to readjust the machinery to meet any and all emergencies which might arise during war; and a part of this readjustment was the dividing of the country into thirteen divisions or sections and decentralizing the activities of the Red Cross through these, each division to contain a bureau similar to that at headquarters. A Bureau of Nursing was of course a part of the division.

On July 23, 1917, the War Council called a conference of the members of the Committee on Co-operation, the Medical Advisory Board of the National Council of Defence and the National Committee on Red Cross Nursing Service to discuss plans for increasing at once the number of professional nurses available for service in military hospitals without lessening the safeguards of the civil population or lowering standards of the nursing profession.

Estimates were put before the conference showing that approximately 14,000 nurses may be called into war service in the next 18 months. This number should be able to care for an army of nearly two million men in the field.

Prior to this conference an appeal had been issued by the Chairman of the National Committee to enlist college women and others to enter training schools, and a survey was made of the hospitals of the United States to ascertain how many of their graduates could meet all the requirements for enrollment, and the returns showed:

649 schools which absolutely meet the requirements of the American Red Cross.

262 schools whose graduates are of a high grade and the training general in character, including the care of men, but the daily average of patients below fifty.

218 schools which are small, but training good as far as it goes.

50 schools of private character which have affiliation in connection with general hospitals.

22 schools not on accredited list of State Board of Registration at the present time, but which are likely to be later.

101 schools whose graduates were undesirable.

It was found that there were between 60,000 and 70,000 registered nurses, and that it would be fair to suppose that one half of these could be assigned without jeopardizing the home needs.

In September, 1917, the Surgeon-General called for 1,000 reserve nurses to equip the base hospitals in the United States. These were supplied as rapidly as there were accommodations at the base hospitals for them, and the Red Cross continued to steadily supply the War Department until double this number had been assigned.

In November another request came for 5,000 before June 1, 1918, and that 20,000 more would be needed before January 1, 1919. This demand meant further intensive effort; and it was found advisable

to modify the requirements for enrollment by opening to the graduates of smaller hospitals with at least a daily average of 25, and affiliation with the American Nurses' Association was waived.

It was during this same month that the Directors of the Bureaus of Nursing were appointed, which has helped very materially to solve some of our problems; and at the same time the War Council recommended that a Department of Nursing be created with a sufficient number of bureaus to take care of the increased amount of work. This went into effect almost immediately with the following bureaus established: Bureau of Enrollment, Bureau of Field Nursing, Bureau of Instruction, Bureau of Town and Country Nursing.

Our total enrollment today is 20,100 nurses, and we are continuing to enroll at the rate of about 1,000 per month. Many of these nurses are not available for active duty; some are past the acceptable age; others have failed to pass their physical examination; and still others have enrolled for special service, such as committee work, instructors. We have released from these special services nurses available for active duty, replacing them as far as possible by nurses who are married or otherwise unable to serve in military hospitals. Realizing that the demands of the army and navy will increase as war continues, the Red Cross has provided for a special campaign for the enrollment of nurses beginning early in June.

On May 1, 1918, 9,496 nurses had been assigned to duty; 22 Base Hospitals were in operation in Europe, and 30 in the U. S.; aside from these were 5 Navy Base Hospitals; 676 nurses assigned to special units by the Red Cross—not through the military establishment—for Orthoepedic Pediatric, Infant Welfare and other branches of public health work; and 90 working in the sanitary zones surrounding the camps in the U. S. There are more than 10,000 now on duty. To account for the other 10,000, there are about 500 married and approximately 300 physically unfit for military service, and many of these are serving on local Red Cross Committees; there are 850 nurses serving on these committees; there are about 1,000 teaching classes in Elementary Hygiene and Home Care of the Sick; between two and three hundred have resigned; and about 250 have died, twelve of these since the U. S. has been at war and while on duty.

We recognize that the withdrawal of so many nurses from hospitals, public health work and communities will create an inevitable shortage. It is our desire to conserve in every way possible local interests, and to aid in meeting local needs.

We shall release from obligation to accept military service nurses who are necessary to the conduct of important local nursing activities, such as Superintendents of Training Schools, Instructors of Nurses, Superintendents of Visiting Nurses' Associations and similar positions.

In order that the burden may be equalized, a careful survey of the nursing resources of the country have been made by the American Nurses' Association, and has been utilized by the Red Cross in working

out a definite allotment for the various States. This allotment is based on the total number of nurses available in the community, giving credit for the number of nurses already contributed to military service.

We have also established a special form of enrollment through our division office for nurses who are not eligible for active service. Nurses so enrolled will be known as Home Defence Nurses. This enrollment is intended primarily to supplement local nursing activities, making it possible for nurses who are married, or for various reasons unable to accept active service in military hospitals, to assist to the limit of their ability in the community in civil hospitals or public health work.

The Red Cross has also conducted a very definite campaign to encourage women to enter schools for nurses to qualify themselves as professional nurses. Believing that the needs of the future will demand women of exceptional ability, the Red Cross has contributed $75,000 for the establishment of a preparatory course for nurses at Vassar College during the coming summer. It is hoped that not less than five hundred women will take this three-months' preliminary course as a preparation for admission to selected schools for nurses. I believe that for such women there will be great opportunities for service in reconstruction work following the war; that they will be needed as educators, superintendents and organizers of nursing activities not only in this country, but abroad; and that every effort should be made to stimulate the interest of the women generally throughout the country who possess special qualifications for such work to enter training schools at this time in order that they may be available to meet the future needs.

—Read at the C. A. N. E. Convention,
Toronto, June, 1918.

RED CROSS WOMEN

Interminable folds of gauze
For those whom we shall never see—
Remember, when your fingers pause,
That every drop of blood to stain
This whiteness falls for you and me.
Part of the price that keeps us free
To serve our own, that keeps us clean
From shame that other women know.
O, saviours we have never seen,
Forgive us that we are so slow!
God—if that blood should cry in vain,
And we have let our moment go!

AMELIA JOSEPHINE BURR in *The Churchman.*

The Teaching Problem in the Small School

By Katharine Ink, R.N., New York

An article by Miss Nutting in the *Teachers College Record* for March, 1917, sets forth, in a clear and convincing fashion, the problems and opportunities confronting the nursing world at the present day. It is encouraging that the teaching of nurses has reached the point of being considered a problem, since the work they are called upon to do is becoming more complicated and more varied and specialized day by day. Hospital trustees are realizing that the classroom and the laboratory are fundamental parts of the equipment, and that an overworked superintendent of nurses, whose chief duty is administration, cannot be expected to prepare lessons and conduct classes as a side issue—and a side issue it has, unfortunately, often been.

The war has increased the difficulty, for many of the most efficient women in executive and teaching positions have gone to the front. They are needed there, to be sure, but the problem of carrying on the school is made more acute, and a solution for some of the difficulties must be found, if pupils are to be prepared to fill these vacancies later and to take the place waiting for the well-trained woman.

Some of us are wondering if the visiting instructor may not find her place here, as the travelling sophist did in the old Greek days during a transition period. The interest in the teaching problem was certainly demonstrated at the convention of the three national nursing organizations in Philadelphia, when a round table was held to discuss various phases of the work of the visiting instructor. We supposed the meeting would be rather a small one; but, instead, the people poured into the junior cotillion room until it was filled to overflowing, and many of the audience stood during the entire hour—certainly a test of this interest.

When I went to Teachers College three years ago to prepare for this work, it seemed uncertain how things would work out, and whether there would be sufficient demand for a visiting instructor to bring in bread and butter. However, the bread has come and also some butter, and, aside from that, it has proved a most interesting and satisfying work. It brings one in contact with a variety of schools and many types of students. Some of them are college women, with the advantage which that training gives, and some of them have had little or no background for scientific work. Yet the interest and enthusiasm are unfailing, in spite of long hours and great fatigue, and it seems to me that such a wonderful and precious thing should be cultivated and not lost to the world. This lack of uniformity in preliminary education naturally complicates the problem of selection of material to be given.

The work with the graduate students has been most interesting and gratifying, for they were, in a way, a selected group, coming from schools all over the country. Many of them came particularly for the

theory, which they realized, when it was too late, had not been given them by their own schools. Some of them found that, after giving two or three years of hard work, they were in no way prepared to meet the complicated problems in the modern nursing world, and had to take some special course to bring them up to the standard and make it possible to take the State Board examinations.

An instructor should not be discouraged if the conditions seem hopeless, for they never are; nor should one refuse to attempt to teach a certain subject because the equipment is a minus quantity. Dr. Osler says that one of his most satisfactory classes in histology in the early days was conducted in the cloakroom with the microscope on the window-ledge.

When I started my teaching a year ago, I was asked by one superintendent if I would give a course in chemistry. It had never been given in that school, and she felt, quite rightly, that it was of fundamental importance, if the students were to grasp the other sciences. Then we looked about for a place to give the course. There was no classroom, but there was a board room, which was used for lectures. You can always depend on there being a board room, where the powers that be meet once a month and sit about a large mahogany table and discuss the affairs of the nation. The rug and the aforesaid mahogany table precluded the possibility of doing chemistry there; but adjoining the board room was a lavatory, about 6 feet by 4, with stationary washstand, cupboard, a gas jet, where the Bunsen burner could be attached, and one window, and there the demonstration took place quite successfully, after the lecture was given in the board room. One young miss handed in her experiments marked "Lavatory Notes," which statement, I suppose, I had no right to correct. This year the class is too large to use the lavatory, so the demonstration table has been moved across the threshold into the sacred precinct, a discreet distance from the rug, and the rubber tubing has been pieced out so it will reach—and there the demonstrations go on. We consider it only an indication of the way things will grow, until the new hospital, with a large, well-equipped modern laboratory gladdens our hearts.

It is difficult, in many places, to get the equipment necessary to illustrate the work, but quite satisfactory charts may be made and carried about in a leather case, made like a music-roll, with a handle at the top like a golf-bag. Tagboard or architects' paper may be used, and India ink or colored pencils make the drawings clearer. It is possible to make enlarged copies of various illustrations, particularly in physiology, by using the pantograph, a simple little device costing 25 cents. All the directions for enlarging the drawing any number of times are given with it.

I wish to speak, too, about the help which has been so freely given by the New York Public Library. In the Columbus branch, near one of the hospitals where I taught last year, they gave us several shelves at the back of the reading-room, where reference books were collected

for us, and a special table was provided. Students could go there to look up material for papers which they wrote on various topics in hygiene and municipal sanitation, history of nursing, and physiology.

Let us hope that more nurses who are interested in teaching may prepare themselves for the work. There is a long list of hospitals needing full-time instructors, and not enough women to send to them. And the call is also coming from the small hospitals, wanting a part-time instructor for certain subjects. These hospital schools cannot expect to get an instructor at a moment's notice, if they do not encourage some of their students to go to Teachers College or some other place and get the preparation. In some places scholarships have been established by the hospital, or the alumnæ association has made it possible for promising graduates to take the course.

The nurses in the Town and Country Nursing Service of the Red Cross often cover their territory on horseback or muleback, as the case may be, or, if the roads permit, they use a Ford car. One of the nurses who has been doing the follow-up work with the poliomyelitis cases, in connection with the New York State Board of Health, has one-eighth of the area of the State up in the Adirondack region, and goes from clinic to clinic in her car. Why might not the teaching be done in the same way? If two or three small schools arranged their curriculums so that the work paralleled, thus reducing the amount of preparation necessary, it would be possible to have the instructor spend two days a week in each school and give the theoretical subjects. This would also reduce the expense for each school. The time spent out of doors going from place to place is not a waste of time, but is better than living in an institution and being too busy to go out for regular exercise, even though a resident instructor may be more successful financially.

That the interest in nursing is very great, and that better-prepared women are being attracted to the profession, is amply attested by the fact that there were about 800 applications in three months this summer to a well-known school which has recently established closer relationship with a great university.

The interest is great; the necessity for well-educated, well-trained women has never been so pressing. Let us, then, make every effort to improve and build up the schools by giving these eager young students the well-rounded training which they will need to carry on the work which will confront them during this most interesting period of the world's history. —*The Modern Hospital.*

Be clean in the best sense of the word—mentally, morally and physically; be so clean that you are above the petty things of your profession.—D. M. R.

It is never too late to be what you might have been.

GEO. ELLIOT.

The Relation of the Maternity Hospital to Child Welfare

By Miss Kelly, Toronto General Hospital

In approaching this subject, the keynote is "Prevention." The crying need for improvement in the care and observation of the parturient woman is strongly impressed upon us by the latest statistics, about which there is no overstatement of facts.

In the United States, during the time from 1901 to 1905, the yearly deaths due to the complications of pregnancy and labor totalled 4,642. This does not include stillborn conditions as, in the average town, from four to six per cent. of births are stillbirths. In 1913 alone, 15,000 women died, of whom 7,000 died of puerperal septic infection, and the remaining 8,000 from diseases now known to be largely preventable or curable. This is a great loss to any nation; for most of these women, had they survived, would have borne more children. Childbirth is said to be *four times* as fatal as typhoid fever amongst women. If we consider for a moment the foetal mortality, we cannot help but be appalled at the enormous wastage of human life involved in abortions alone, as on an average one pregnancy in every eight terminates in abortion, and under the modern living conditions in our cities the percentage is increasing. It is needless to weary you with statistics; still they point to the fact that the present is the time to act, as being peculiarly favorable to secure a change in the conditions of childbirth.

The wastage of life in Europe is so vast that human life has now an economic value never before attained. Heretofore, human life was the cheapest of commodities. Appalled at the waste and wreckage of life, the world is turning anxiously to the means of saving future generations.

The question that faces us today is, "How are we to bring about this change in conditions?" Mainly in three ways: Firstly, in early prenatal care of the parturient woman; secondly, in both scientific and aseptic care during the delivery and the puerperium; thirdly, in the "follow up" work of the baby through the "well baby clinics."

The importance of the patient seeing her doctor in the very earliest months of pregnancy, and regularly throughout the remainder of her pregnancy, cannot be too strongly emphasized; for no baby can be strong and healthy at birth unless it has been carried to full term, and the mother must be well throughout this entire period. Lack of prenatal care is the cause for at least 50 per cent. of the premature births and stillbirths, as far too many women suffer from the toxaemia of pregnancy, where, if early advice had been secured, the condition could have been corrected. How are women to know of the importance of proper care, both for themselves and their child, during this period? By being advised or,

even better, compelled to report their condition to their doctor, or to a maternity clinic, if one is in existence in the community. The average general practitioner to whom the patient would consult is often times far too busy to give the necessary detailed instruction, with the result that the woman feels satisfied that the doctor understands her condition, and any early symptoms occurring of toxaemia, or other complications, fail to cause her any anxiety, with the usual result, namely, the discovery of the symptoms, by the doctor, when it is too late to save both the mother and the baby. It is right here that the physician's work could be supplemented in every community, whether urban or rural. In localities where there is no public health or social service organization, there is always some woman's organization that could organize mother classes, informing the women in the vicinity of the importance of prenatal knowledge, both for themselves and their child. The method adopted here, in Toronto, for informing the patients of such clinics is by means of the nurses of the Department of Public Health co-operating with the different hospitals. The nurses in visiting the homes of the people, for other than prenatal work, discover the prospective mother and refer her to the nearest maternity clinic. At the first visit to the clinic a complete physical examination is made, special attention being paid to the pelvic measurements and the examination of the urine. The condition of the teeth is carefully looked into at this time, and, if attention is needed for them, provision is made for a visit to the dental clinic. Her history chart is started, the patient reporting regularly every three weeks, when a urinalysis is made and recorded. If the patient is admitted to the hospital for her delivery, this chart becomes the indoor hospital record. Before leaving the clinic, a pamphlet on "The Hygiene and General Care During Pregnancy," supplied by the Department of Public Health, is given to each patient.

One very important feature of the clinic is to have a social service nurse always present. She inquires into the social conditions of the patient, making arrangements to visit her later in her own home. By the social service nurse following up each patient, she is in a position to know if they can carry out instructions given as to diet, clothing, etc., giving assistance where it is found necessary. She is also responsible to see that the patient reports regularly to the clinic. If for any reason the patient is not well during her pregnancy, and the doctor advises hospital treatment, as is quite often the case, here again the social service nurse is called in to minister to the patient's needs and to take the oversight of the family during the absence of the mother.

As far as possible, patients are urged to attend the hospital for their confinement, as asepsis cannot be carried out in the average home; also, in the hospital, preparedness for every emergency is to be found at a moment's notice. In addition to the need of aseptic care, the mother has a much better opportunity to regain her normal health in the hospital than she has in her home, where the needs of the family are always present. A patient getting up too soon, and performing some necessary

household task, is often the cause of a serious gynaecological condition later. One very essential need is the emphasis to be placed on breast feeding. Every mother is made to nurse her baby, supplementary feedings being given if necessary. The regularity of the nursing period, while in the hospital, lays the foundation for the child's future health; and the value of the systematic nursing schedule is, in itself, an object lesson in teaching the mother the care of her baby. An opportunity is given each patient of seeing the proper method of bathing the baby, special attention being paid to thorough cleanliness of everything.

In the aseptic care given the breast at this period the danger of breast infection is lessened, also teaching the importance of thorough care of the breasts throughout the whole nursing period. On leaving the hospital each patient is given a card of instruction, referring her to the nearest well baby clinic, where she is to report regularly once a month, a duplicate card being sent to the Department of Public Health. Through this "follow up" method, infant mortality has been greatly lessened.

This is the link between the maternity hospital and the child welfare movement. The method given above can only be employed in a community where some organization is already doing some child welfare work. If a maternity hospital is situated in a locality having no such organization, the responsibility of the care of the child during the first two years of its life is distinctly the duty of the hospital. This can be accomplished in two ways:

First—By establishing a child welfare organization, with properly equipped well baby clinics, to which the babies can be sent on discharge from the hospital.

Second—A hospital is always in a position to organize its own well baby clinics, caring not only for the babies in the hospital, but also for the less fortunate ones in the community.

It is therefore the duty of a hospital doing maternity work to assure a healthy baby by prenatal care, and by the "follow up" work of the child after its discharge from the hospital. It is not only a duty to humanity, but, in these days of wastage of human life, it is a most necessary national service.

One of the great problems of the day, for which many countries and provinces are seeking legislation, is venereal disease. For this reason, one important branch in the obstetrical work of the Toronto General Hospital is the "Wassermann test," on both mother and baby, at the time of delivery. If a positive reaction is found, the patient is referred to the special clinic dealing with this disease. This treatment is not given until after she has left the hospital. She is then put under the care of the Social Service Department, which department assumes the responsibility of seeing that the patient continues treatment as long as it is necessary. The babies are referred to a similar clinic at the hospital for sick children. Ophthalmia neonatorum is practically unknown now owing to the prompt treatment of argyrol, 40 per cent. being put into the baby's eyes at birth.

We will welcome the day when the registration of pregnancy not later than the fifth month shall be made compulsory. Such a requirement would be a wonderful means of combating infant mortality.

The paper so far has dealt with the normal full term baby. Even with careful prenatal supervision it is sometimes found necessary to terminate pregnancy early, resulting in a small, premature baby. In addition, many of the hospital patients come without any previous care, and often add to the number of premature infants.

The care of these babies is a special branch of work, the babies being left in the hospital until such time as they can be discharged with safety under the care of a well baby clinic. The day is past when it is almost considered impossible for these tiny bits of humanity to develop into healthy children. Every child born has a right to healthy childhood, which can, in a large majority of cases, be assured by intelligent care. The time spent in the hospital after birth should be a firm stepping-stone towards this end.

Read at the C.N.A. Convention, Toronto, June, 1918.

OUT WHERE THE WEST BEGINS

Out where the handclasp's a little stronger,
Out where the smile dwells a little longer,
That's where the West begins;
Out where the sun is a little brighter,
Where the snows that fall are a trifle whiter,
Where the bonds of home are a wee bit tighter,
That's where the West begins.

Out where the skies are a trifle bluer,
Out where friendship's a little truer,
That's where the West begins;
Out where a fresher breeze is blowing,
Where there's laughter in every streamlet flowing,
Where there's more of reaping and less of sowing
That's where the West begins.

Out where the world is in the making,
Where fewer hearts in despair are aching,
That's where the West begins;
Where there's more of singing and less of sighing,
Where there's more of giving and less of buying,
And a man makes friends without half trying,
That's where the West begins.

ARTHUR CHAPMAN.

Every warbler has his tune by heart.—COWPER.

The Supply of Practical Nurses

What's the matter with the trained nurse? A wave of harsh and resentful criticism of the professional nurse seems to be sweeping over the country. In spite of a recognition of her splendid achievement in remaking hospital nursing, and of setting up high standards for private nursing; in spite of her magnificent and sacrificial service in the great war, she is now viewed by large numbers of physicians and laymen as a ministering angel of mercy or as an unmixed blessing. And when rebuked for these harsh expressions of disapproval, her unfeeling critics forcefully reply: "She is getting just what she deserves?" What does it mean?

Is it because, through high standards of admission to her schools and long years of training before she is graduated, she has chosen to make herself one of a small body of the elect, a superior being? Is it because, with the high cost of living and the scarcity of these chosen few, she has, labor-union-like, demanded higher pay which only the well-to-do can give? Is it because, in the home, she is autocratic and unwilling to serve except in accordance with rules that she herself lays down, often demanding that service be rendered her, and causing discord in the household management at a time of crisis? Is it because in many hospitals she has gradually acquired more influence and power until, through her officials, she speaks with authority even to the management, and dictatorially demands that before the interests of the medical staff are considered—sometimes even before the interests of the patients—there must be considered those of the nurses? Perhaps there is a little truth in each of these reasons. Perhaps, in this resentful criticism, narrow as it may be, the nurses are reaping what they have sown.

The war and the epidemic of influenza, with the consequent scarcity of nurses, have acutely drawn attention to the trained nurse and to the fact that she does not supply the suitable agent for ministering to the large body of the ill. The very poor may get free nursing in the hospitals, or, if lucky, at their homes through charity; the rich can, and will, pay whatever may be demanded; but the large mass of people of moderate means, too self-respecting to accept charity, not able to pay the high price of the expert nurse, must be deprived of her services, or secure them at what to these people is often a ruinous sacrifice. More than this, a nurse of the highly-trained type is not necessary, or even desirable, in the vast majority of cases of illness.

What are the requirements of a capable, skilled nurse, a physician's assistant? First, a right personality; without this she is hopeless. Then intelligence, by which we mean a readiness of comprehension and understanding. Further, she should be of fair education, able to make herself understood, to write, to read, to reason. Lastly, she should

have had training of sufficient length, probably one year, in a good hospital. This training should teach her the proper bed care of the ill, the preparation of food, the management of the patient—not his illness—and the methods of administering drugs and other remedial agents. She should learn enough of anatomy so that she will not, with her hypodermic syringe, enter the brachial artery; she should know enough of symptomatology to sense the possible significance of blood in the stool, or of abdominal pain in typhoid; she should know enough pathology so that she will not wilfully violate the physician's orders against massaging a thrombosed femoral vein; she should have enough theoretical and practical training in bacteriology so that aseptic methods are to her, through her grasp of the reasons underlying them, methods to be scrupulously followed.

It goes without saying that, other things—personality, native intelligence, etc.—being equal, the college or high school graduate will grasp these facts more readily, and will, to this extent, be the more competent nurse. But such super-knowledge is not necessary. For 90 per cent. of cases of illness, a skilled nurse, with the characteristics just enumerated and with one year's training, will answer fully as well and will fit into the average household better. She will be a true physician's assistant, and will be a household helper, not too proud to assist in the kitchen or even to help care for the baby. If this is true, why should not this capable woman of ordinary, but sufficient, ability and training be allowed to practice her profession, licensed by the State and earning an honorable livelihood?

There is a place for the highly-trained nurse, the registered nurse of to-day. From their ranks will come the superintendents of the training schools of various grades, the head nurses in our hospitals, the nurses in our operating rooms, nurses for cases of special severity or complication, and the teachers of nurses. Let the training schools preserve their high ideals, though there may be question as to the necessity or wisdom of requiring even a high school degree for admission or a three years' course of training, except in special cases, or for post-graduate work. For her own good, let the nurse be a little less autocratic, a little less dictatorial, a little more human. *Non ministrari sed ministrare* is a good motto for a training school as for a woman's college. The trained nurse, from having been a luxury, has become a public necessity, like the telephone and railroad. Should not methods less like those of selfish private ownership give way to those wherein service to the sick public is the paramount aim?

Editorial in *American Journal of Medicine.*

To Relieve Headaches. When one is suffering from headache, relief is obtained by putting the feet in hot water. It draws the blood from the head.

Editorial

There appears in another part of this magazine an editorial that was recently published in the *Journal of the American Medical Association.* This is a most astonishing editorial, as one coming from a professional journal, presumably written by a physician. It is also astonishing in the fact that the writer has taken an effect that undoubtedly does exist, and assigns to it a cause, this cause being the "high pay," and the autocratic and dictatorial woman who is too highly educated for her work.

This condition, where the people of moderate means find the fee asked by the nurse a burden, does undoubtedly exist; but do not these same people complain loudly and long at the charges of the doctors? The family doctor no longer exists; but an army of specialists, each with his ample fee, awaits the sick person. One does not hear the medical profession crying out that there shall be two standards of medical education—one to take the higher work, and the second grade to take charge of the chronic and similar cases, where, indeed, it is difficult to get the first-class physician to take much interest. No, this is not even suggested; nor is the shortage of physicians during the epidemic assigned to this lack of a second-grade doctor. To our mind, the point lies in quite another direction. Keep up all high nursing standards; give the pupil all the education that she can have, both practical and theoretical; and then, with a competent, skilful woman, face the situation. It is true that two extremes—the rich and the very poor—can, and do, have the advantage of the very best, both in medical and nursing care; but the same care can be given the middle class if a definite plan can be found. It appears to us that, if Nursing Associations could be formed, where a sickness or nursing insurance for these people could be worked out, the problem would be solved. Let the nurses be assured a good living, with no long waiting between cases, good housing conditions, and the thing is done. The State regulation of physicians is being tried out in England. Why not have something of the same sort with the nurse?

The high fees charged by the nurse is a complaint that only can come from ignorance, or deliberate lack of endeavor to work out the average income of the graduate nurse. One does hear this sometimes from the laity, but it sounds passing strange from the mouth of a physician's journal. Will any man undertake to do the work of a graduate nurse, take practically all the responsibility of a case, watch with skilful eye all symptoms, and be prepared to report them to the physician, who, in his twenty-minute call, only sees the patient at his best (for it is a well-known fact that all patients welcome the advent of the doctor as the event of the day and rouse themselves accordingly), would

these men, we ask, consider $25.00 to $30.00 too much for a week's work? Look at the fees charged by the physicians and surgeons, and the question is answered.

This editorial is not intended to convey the idea that these fees are too large, but that the nurse is very modest in her demands, when the time, care given, and the skill and responsibility are taken into consideration. These fees, too, are not alone asked by the graduate. An instance came to our notice recently where, on a case of "flu," the graduate charged the regular fee and did the hardest work, and the volunteer charged the same.

That there are some among our number who forget the true spirit of the real nurse, who will deny? But can the author of the editorial state that all physicians are truly ethical, or that they are so free from criticism that they can truthfully, in so wholesale a fashion, plan a complete change of what has been built up by the best and wisest of both the physicians and nurses in our training schools?

If the day comes when these people of moderate income have to depend on the nurse with little general education and a year's training, then, indeed, will we have taken a long step backward; and these same people can justly ask why the discrimination, the rich and the poor having a competent, educated woman, but the second grade is good enough for them.

Let the Nurses' Associations endeavor to work out these plans for nursing insurance, with a practical endeavor to help in this need, and we will have justified our name and our profession.

* * *

Subscribers will confer a great favor on the Editor if, when a magazine does not arrive, they would notify the office at once. The matter can be so easily adjusted at the time; but, owing to the cost of production, only a few over the actual numbers sent out to subscribers are printed. Under these circumstances it is impossible to send back issues. Mistakes will occur in this office as well as everywhere else; but so many times addresses are changed and neither the post office nor the magazine notified, making one of the most common complaints. An early complaint must be put in, otherwise we cannot supply back numbers in future.

To be a good nurse, one must be a good woman.

FLORENCE NIGHTINGALE.

RICED POTATOES HELP FLOUR

Freshly cooked potatoes, put through a ricer, or forced through a fine strainer, can be used in place of part of the flour in batters or doughs. Cold, left-over potatoes may be used, but are not so easily blended as the fresh hot potatoes, nor is the flavor quite as good.

Victorian Order of Nurses

A very interesting visitor called at the head office of the Victorian Order of Nurses, during the month of January, in the person of Major Frances K. Yeaman. Major Yeaman is the Assistant Commander of the Women's Legion of Great Britain. She was amongst the first 150 nurses who went to the front, and wore the uniform of her corps, which was decorated with the Royal Red Cross and the Mons star. Major Yeaman has a wonderful physique and personality—a typical British labor woman, with no sympathy for inefficiency. She is in command of a great many thousand British women, and can show you photographs of different platoons. They, like their leader, look fit for any occupation or emergency. Major Yeaman came to Canada at her own expense. She interviewed all in whom she was interested, from Cabinet ministers down. We hope her impressions of Canada were as favorable as the impression she left behind to those who were fortunate enough to talk with her. She is certainly a herald of the new day.

Arrived at St. John, where she was sent by the Repatriation Committee, Miss Christina Hall, R.N., district superintendent of the Ottawa branch of the Victorian Order of Nurses, is already very busy at her work of meeting soldiers' wives and children returning or coming for the first time to Canada. Mountains were never mountains to Miss Hall in her work with the Victorian Order here, and she seems to have taken up the task at St. John with the same cheer which has made her years in Ottawa a pleasure.

The Metagama docked shortly after Miss Hall's arrival, and it brought quite a large number of strangers to Canada. Weary and uncomfortable after the ocean voyage, the newcomers were met with a most cordial welcome. They were helped through the strangeness of the immigration depot as quickly as possible. Then came the "rest" rooms, which Miss Hall says are very comfortable. There are couches for the tired mothers, nurses to care properly for the babies, and hot lunch (Miss Hall assures us that it really is hot), tea or coffee, with sandwiches. This is served at cost, or free of charge. Committees of nurses, Salvation Army, Y.W.C.A., patriotic societies and Red Cross representatives are all on active duty to help explain destinations, buy or exchange railway tickets, and do everything possible for the women and children. There are four canteens in the immigration building—a Y.M.C.A., where lunches are free; a private canteen, a Y.W.C.A., one run by V.A.D's, and the Knights of Columbus have just got another in working order.

No small item in the adjustment at the port is the sorting of luggage. But when the belongings have been located, the little family is

directed to the customs, train times explained, and in many cases escorted to a comfortable seat in the train. Then, with a cordial hand-clasp and wish for a safe journey, the worker hurries back to her next charge.

Her particular work, for which she was loaned by the Victorian Order of Nurses here, is to route nurses on the trains. All trains carrying over 100 passengers have a nurse on board, who remains with the travellers right out to the Coast if they go that far. Emergency supplies are carried with them, and extra clothing provided where it is needed. Nor have the babies been forgotten; they have extra foods, malted milk, and the like.

Miss Hall will likely be stationed at St. John for some time, helping to supply these comforts to all the 50,000 newcomers to Canada.

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A Post Graduate Course of four months in District and Public Health Nursing for graduate nurses is given at the training centres of the Order, namely: Ottawa, Montreal, Halifax, Toronto and Vancouver.

Salaries during the course and good openings after successful termination.

For full information, apply to the Chief Superintendent, Room 4, Holbrook Chambers, 104 Sparks Street, Ottawa, Ont.

THE KNITTING WOMEN

"Many tears go into the articles which our women are knitting for the American Army in France."—A Newspaper.

Sisters who knit and knit and knit
Soft, consecrated wool of gray,
Knit in your love and faith in it—
Knit in your pride, each scarlet bit;
But knit no grief, I pray.

Knit in your hopes, all fiery white;
Knit in your prayers that conquer fear;
Knit in the memories, brave and bright;
High thoughts by day, warm dreams by night—
But never knit one tear.

Something much more than wool we send
Those heroes of the years:
Passionate homage without end,
Glory in lover, son or friend—
We must not send them tears.

So, as you knit, my sisters, smile today,
And knit the smile into the wool of gray.

ANNA ALICE CHAPLIN.

The Canadian Nurses' Association and Register for Graduate Nurses, Montreal

President—Miss Phillips, 750 St. Urbain Street.
First Vice-President—Miss Fairley, Alexandra Hospital, Montreal.
Second Vice-President—Miss Dunlop, 209 Stanley Street.
Secretary-Treasurer—Miss S. Wilson, 638-a Dorchester St., West.
Registrar—Mrs. Burch, 175 Mansfield Street.
Reading Room—The Club Room, 638a Dorchester Street West.

* * * *

The January meeting was held in the Club rooms on Tuesday evening, the 7th inst. The Rev. Hugh Pedley, D.D., gave an interesting lecture on "The Life of the Kaiser." The attendance was not very large, as all our nurses are very busy at present.

THE HOME GARDEN

Yes, in the poor man's garden grow
Far more than herbs or flowers,
Kind thoughts, contentment, peace of mind,
And joy for weary hours.

—*The Poor Man's Garden.*

From the cares of business and the nervous strain of the office, the back-yard garden offers a relief which is not sufficiently enjoyed. Open air exercise is essential to good health. To what better end could this effort be devoted than the cultivation of the back-yard garden?

It requires but a small area of land to supply a table with green vegetables. These may be had crisp and fresh and, on this account, much more of such food will be used, to the great advantage of health.

The product of the home garden relieves to that extent the demand upon the general supply. "Self-preservation is the first law of nature." Do you abuse that law by expecting others to provide your food supply when you are capable and have the facilities for growing at least part of your needs?

News from The Medical World

By Elizabeth Robinson Scovil

Pituitary Solution in Obstetrics

Dr. Davis, Professor of Obstetrics at Jefferson Medical College, Philadelphia, says pituitary solution was hailed as a substitute for the forceps, the great time-saver for the busy practitioner and a great remedy for delay in labor. Its unwise use has caused rupture of the uterus, severe lacerations in the mother, and death of the fetus through pressure. It has a distinct and limited field of use. When the mother and child are proportionate in size and the head is low down in the pelvic cavity, or on the pelvic floor, the cerviz completely dilated, and all that is needed is a few uterine contractions, then, and then only, should pituitary solution be given during labor. Dr. Davis recommends the multiplication of maternity hospitals. Where patients cannot have the benefit of these, they should have special obstetric skill, trained obstetric nursing, skilled anesthesia, and whatever apparatus and instruments are necessary for a competent surgical and aseptic management of her case at home.

Post-Influenza Cough

A New York physician states that after influenza has spent itself a harassing cough frequently persists, resembling whooping-cough. Inspection of the throat discloses a redness over the arches of the palate, extending from a third to a quarter of an inch in width. Sometimes it extends only half-way up the sides, at other times it makes a complete arch. It is seldom, or never, missing. Touching the pillars and the naso-pharynx with a silver nitrate solution is more effective than the administration of much cough mixture.

Relieving Insomnia

Natural sleep is ushered in by slow, shallow breathing. It is therefore recommended that the person trying to go to sleep should breathe slowly and not too deeply. For a time it is well to take a fair respiration, hold it as long as is possible with comfort, then slowly exhale. Sleep usually follows. The person should be quiet and warm, in a well-ventilated room.

Real Disinfection

More labor, more soap and hot water; less smell, less spray, less camouflage.

Aloes as a Local Sedative

The Lancet says a good form in which to use aloes for external sedative purposes is a saturated solution of aloes in tincture of tolu.

It should be kept in a well-stoppered bottle, and shaken before using. For bites, it should be applied once or twice before they have been scratched. It gives complete relief from the intense itching of harvest bug bites. Friar's Balsam, compound tincture of benzoin, which contains aloes, is a good preparation to use as a sedative for bites, wounds and skin irritation.

Bacteria on Vegetables

Milk has long been one of the known carriers of infection. Raw vegetables have now been found to be equally guilty. In twenty-nine samples examined at the University of Chicago, bacillus coli was found on twenty-two and streptococci on three. There was no indication that the general sanitary condition of the stores where the vegetables were sold influenced the bacterial count. A clean shop is not a guarantee of safety; hence the great importance of thorough washing and cleansing of green vegetables before use.

Medical Advice by Telephone

A Dutch medical journal mentions that the physicians of Utrecht have decided to charge half the rates for an ordinary medical call for advice by telephone. The journal thinks that this is not enough. The Prussian tariff, recently published, provides for fees from 40 cents to $1.25 for advice by telephone.

Women Physicians in the French Army

All French women who possess a medical diploma are eligible to appointment for affiliation with the medical department of the French Army. They will receive the pay, perquisites and allowances of a sub-lieutenant.

Nitrous Oxid-Oxygen in Obstetrics

An American doctor says if there is an ideal anesthetic for obstetric operations it is nitrous oxid. Its transient effect when removed permits almost immediate resumption of normal labor; its lack of depression on uterine and other muscles when properly administered; its safety to mother and child should encourage its use. It also provides the means for perfusing the child with oxygen through the mother while the cord pulsates. It thus has many advantages over other anesthetics.

Treatment of Diphtheria

A writer in the *Archives of Pediatrics* says that far too much whiskey is used in the treatment of diphtheria. Strychnine, he says, should only be given for a brief period to tide over an emergency. The indiscriminate giving of strychnine, from the time the diagnosis is made until the disease has run its course, is likely to cause dire results. Its value is as an emergency measure in case of collapse. The chief requisite of the heart in diphtheria is rest.

Public Health Nursing Department

Conducted by the Committee on Public Health Nursing of the C. N. A. Under the Convener on Public Health Nursing

New Brunswick

A Provincial laboratory, under the supervision of Dr. Abramson, Provincial Bacteriologist, has been fitted up in the General Public Hospital, St. John, by the "Department of Health." All examinations and tests, such as are done in the large metropolitan cities, can now be done in the St. John laboratory. Branch laboratories will be established at central points throughout the Province in course of time.

At a meeting of the St. John Association for the Prevention of Tuberculosis, on motion of Dr. Farris, superintendent of St. John County Hospital, it was decided to ask the clergy of the city and county to observe Sunday, January 26th, as "Tuberculosis Sunday," by speaking generally on this subject to their congregations.

Speaking at the annual meeting of the St. John Association for the Prevention of Tuberculosis, held recently in St. John, N.B., Dr. Abramson, Provincial Bacteriologist, said: "Ninety-six per cent. of persons dying from other diseases were found to show signs of tuberculosis, proving the power of resistance to the disease, which is in all human beings, if they live in a proper way. The disease was, primarily, one of the glands; and the real danger from tuberculosis arose when secondary infection set in—that is, when the tissue produced by the body to fight the baccilus broke down and the patient was noticed to cough and expectorate." The many kinds of tuberculosis were mentioned, and one type only—that of the brain or tubercular meningitis—was incurable. The aim at present was to detect the disease before it reached the stage of secondary infection, when it was generally curable.

Serum reactions and skin tests were now used for this purpose.

New Zealand

New Zealand has before its Government to-day a proposition for State dentistry which, for originality and completeness, has much to commend it. The Government of that country was asked to inaugurate a dental department, over which would be appointed a director responsible immediately to the Cabinet. This director would have at his service a sufficient number of dental inspectors and practising dentists to look after the dental needs of all the school children in the country, save those who would be taken care of by the private practitioner.

To insure a sufficient number of school dentists that the extra service would demand, it was recommended that students would receive

free education at the Dental College, together with a living allowance while at college, and in return for which they would serve the State, under bond, for five years as school dentists, at a stated salary, after which they would have the option of continuing in the State service or of entering private practice.

This proposition appealed very strongly to the New Zealand Government, including the Officer of Health, but the stumbling block to its adoption was the enermous initial cost of the undertaking. An estimate cost of at least £100,000, to put the scheme into operation, was more than could be set aside for a new undertaking in war-time. However, the magnitude of the New Zealand proposition indicates how seriously civilized countries are taking up the matter of bettering the mouth conditions of their citizens.

HE GIVETH HIS BELOVED SLEEP

It matters not where heroes sleep,
Above or beneath the sod—
Their bones may bleach in the rain and sun,
But their souls are at peace with God.
Our dead still hold the Anzac hills,
While at home their mothers weep;
But God knows best where they should rest,
And He gives His beloved sleep.

Some rest in sacred hallowed ground,
A stone to mark their head,
While others lie among the scrub
On the hill where their blood was shed.
It matters not, when the body is cold,
If the grave be shallow or deep;
For the Lord o'er all decrees their fall
And gives His beloved sleep.

Give me a death that is sudden and sure—
One gash and the course is run;
What better end can any man have
Than to die with his hands to a gun?
And my bones may be uncovered then
On the scrubby hillsides steep;
When the death bell tolls it is not the soul,
But the body that sinks to sleep.

LIEUT. T. A. CLARK, O.I.R.
From *Chronicles of the N.Z.E.F.*

The Diet Kitchen

By Elizabeth Robinson Scovil

Patients who are very ill must necessarily subsist almost entirely upon liquids. The nurse should be able to prepare many different forms, so that none will become unpalatable from too frequent repetition. Milk can be flavored in different ways to vary the monotony. Put into a glass of milk fifteen drops of extract of vanilla, or a few drops of extract of bitter almond, essence of lemon, rose-water, orange-flower water, or, if the milk is heated, a little cinnamon. Some persons can take milk better if a little salt is added; others like it better sweetened. A little tea or coffee will disguise the milky flavor. If stimulant is permitted, a tablespoonful of sherry or a dessertspoonful of brandy can be used, with or without sugar as desired.

Wine Whey

Bring a teacupful of milk to the boiling point, add two tablespoonsful of sherry; it will curdle immediately. Strain and give the whey either hot or iced. Stimulant is, of course, now only given on a physician's prescription. The juice of a lemon may be used instead of the sherry.

Koumiss

Slightly warm a quart of milk, add two tablespoonsful of sugar, two tablespoonsful of liquid yeast, or one-third of a yeast cake. If the milk is too hot it will kill the ferment. Set in an earthen dish near the fire until the bubbles begin to rise, then stir it down and fill lager-beer bottles not quite full; if ordinary bottles are used the corks must be tied down. Keep the bottles in a temperature of 65° if wanted for use within three days; it is better if kept at 45° and not used for a week. Open the bottle very carefully, or the contents will be lost. Koumiss was originally made by the Arabs from fermented mares' milk.

Toast Water

Toast water is an old-fashioned drink for the sick room; it is made by pouring a cup of boiling water over a well-toasted thin slice of stale bread. It should be served very cold, and may be flavored with lemon if desired.

Flaxseed Tea

This is a very soothing drink when the throat is inflamed. To two tablespoonsful of whole flaxseed, add one pint of boiling water; let it stand on the back of the range for three hours. Strain, add the juice of a lemon, and sugar if desired.

Oyster Broth

To one cupful of oyster liquor add one cupful of cream; mix a teaspoonful of cornstarch with a little milk, add it, and let the broth boil for a few minutes until it thickens. The oyster liquor may be too salt; in this case use less, and supply the quantity with milk.

Imperial Drink

Peel a lemon and squeeze with a lemon-squeezer; remove the seeds and add the pulp to the juice. Pour on a pint of boiling water if the lemon is a large one, less if it is small. Add sugar to taste. Dissolve half a teaspoonful of cream of tartar in hot water and stir it in. Serve very cold. Honey may be used instead of sugar.

Fruit jelly, currant, blackberry and cranberry, or jam, as gooseberry, acid plum and raspberry, make refreshing drinks. Put a spoonful in a glass of water and fill with boiling water. If the spoon is left in against the side the glass will not crack.

Unless there is some special contra-indication, invalids should drink at least two quarts of water during the twenty-four hours to flush the intestinal tract and remove the waste matter. It is often difficult to persuade them to do this unless the water is made palatable by the addition of some flavoring. If fresh fruit can be procured, enough can be prepared at once to last for some time.

Raspberry Vinegar

Cover a quart of raspberries with vinegar, let them stand overnight; squeeze through a piece of cheesecloth, and to a pint of the juice add a pound of sugar; boil for twenty minutes after it begins to boil; bottle and cork tightly until required. Use a little in water.

Strawberry Acid

Take three-quarters of an ounce of citric acid, three pints of raspberries, half a cup of cold water. Let this stand for twenty-four hours, strain slowly, add a quarter of a pound of sugar to each pint of liquid. Stir every day for a few days until the sugar is dissolved, then bottle for use. Raspberries may be used instead of strawberries, if preferred.

Fruit Punch

Boil one cup of finely-chopped apple in one pint of water for twenty minutes, add half a cup of orange juice and a quarter of a cup of lemon juice. Strain and serve very cold.

SUPERINTENDENT OF NURSES

APPLICATIONS will be received by the undersigned for the position of SUPERINTENDENT OF NURSES for Regina General Hospital (200 beds), Regina, Sask. State age, experience, religion, and salary expected. Apply to Dr. J. G. Wright, Superintendent, Regina, Sask.

The World's Pulse

Captain Persius, the well-known German naval expert, who wrote the articles on naval affairs for the *Berliner Tageblatt* during the war, says that on June 1st, 1916, it was clear to every thinking person that this battle (the Battle of Jutland) must, and would, be the only one; authoritative quarters said so openly. Admiral von Scheer took advantage of thick weather and the oncoming of night to run away, thus preventing Admiral Jellicoe from converting this victory into immediate annihilation. The ships were not saved, for all were eventually surrendered to the British. The Battle of Jutland had settled the issue, both from the standard of material loss and moral injury.

A few weeks before the close of the war a Royal Air Force seaplane, engaged upon a submarine patron in the North Sea, was compelled to descend about five miles from the rocky Scottish coast. A heavy sea was running, and the seaplane was in momentary danger of being dashed to pieces. The airmen released a pigeon at 4 p.m. with an urgent message asking for immediate assistance. At 4.22 the bird reached its loft, having flown twenty-two miles in twenty-two minutes. Assistance was immediately sent, and the men saved.

The British have been building rigid airships that rival the German Zeppelins. One recently seen over London is 540 feet long and has a cubic capacity of approximately a million feet. A more recent one has a capacity 50 per cent. greater, while still larger ones are on the stocks. Convoy by airship was extremely successful during the war. No ship was ever sunk by submarine while under escort from the air. Coastal airships were largely employed in convoying ships from beyond the Scilly Isles up the Channel, their work being most satisfactory.

German general headquarters is described as being a gloomy place. Outside, a single sentry, still wearing a coal-scuttle helmet, mounted guard. Inside, staff officers, with drawn, white faces, moved silently about the long corridors; none of them ever laughed, and few even smiled. Von Hindenberg, a giant of a man, looked older than in his photographs; his stern, massive features had a worn, depressed expression. He was dressed in the field-gray uniform, and from his collar dangled the Order Pour le Merite and the Iron Cross; he wore no other decorations.

The natives in the ex-German colonies desire to remain under the British flag. A chief in Southwest Africa said: "If the British refuse to take me, I will ask a British officer to shoot me rather than leave me." Another said: "The return of the Germans will mean death to all of us and confiscation of our possessions." Some of them had known the English in far-off days. One head councillor said: "They were

our friends; such men as we all loved for their fairness and honesty." Under German rule, in seven years, the Hereros were reduced from 20,000 to 15,000. The natives said that, with the arrival of the British, "Germans and all unclean things" were driven out.

The Princess Mary spent ten days in France and Belgium, visiting different organizations of women workers there. She brought back many gifts. The V. A. D's presented her with a little gold identity disc, inscribed "Her Royal Highness Princess Mary, V.A.D.," which she wears on her right wrist. The F.A.N.Y's (Field Ambulance Nursing Yeomanry) gave her a little brass box, made of the bases of two small shells and bearing the corps badge. The English people working in Rouen presented a beautiful little ivory case, an inch and a half long, containing a tiny bottle of rare perfume. The Princess says that, however often she may go abroad again, she is certain she can never have a more interesting time.

Dogs were used during the latter part of the war as messengers, sentries and guards for places of importance. During the great German assault a Highland sheep dog was released with an urgent appeal for reinforcements. It ran nearly two miles in ten minutes. A French Colonial division was sent up and saved the situation, otherwise there would have been a terrible disaster. Dogs were sent back by assaulting troops with details of captured positions. On one of these occasions a dog ran four miles in twenty minutes. Another dog carried back a map of an important position in twenty minutes, when a man would have taken an hour and a half to bring it. In the Balkans, one dog gave warning of an enemy scout at a distance of 300 yards.

Thirty necklaces have been made from the pearls given by the women of the Empire for the benefit of the Red Cross. Many of the pearls have historic associations, and a few of them will be sold separately.

The Assyrian Bulls from Nineveh, in the British Museum, which were buried in mountains of sandbags during the war, have been restored to light. The Elgin marbles and large vases were stored in strong rooms in the basement, invulnerable except from a direct hit by the heaviest type of bomb. The rare printed books, drawings and manuscripts were removed, during the air raids, to Wales. Sculpture, statuary, vases of antiquity were secreted in a guarded station of the Post Office Tube Railway, which was begun before the war for the rapid underground transit of letters and parcels.

Real friendship is a slow grower, and never thrives, unless engrafted upon a stock of known and reciprocal merit.—Lord Chesterfield.

A friend may be often found and lost, but an old friend can never be found, and nature has provided that he cannot easily be lost.

Samuel Johnson.

ON THE PROVIDENCE OF GOD

A message to the Guild nurses who are serving with the troops abroad.

My Lord hath taught me how to want
A place wherein to put my head;
While He is mine, I'll be content
To beg or lack my daily bread.

Heaven is my roof, earth is my floor,
Thy love can keep me dry and warm
Christ and Thy bounty are my store,
Thy angels guard me from all harm.

Must I forsake the soil and air,
Where first I drew my vital breath?
That way may be as near and fair,
Thence I may come to Thee by death.

All countries are my Father's lands;
Thy Sun, Thy Love, doth shine on all:
We may in all lift up pure hands,
And with acceptance on Thee call.

What if in prison I must dwell,
May I not there converse with Thee?
Save me from sin, Thy wrath and hell,
Call me Thy child, and I am free.

No walls or bars can keep Thee out,
Nor can confine a holy soul;
The streets of Heaven it walks about,
Nor can its liberty control.

RICHARD BAXTER.

Misericordia, monthly paper of the Guild of St. Barnabas.

DOGS IN RED CROSS WORK

Dogs have rendered valuable service in Red Cross work in France during the past two years, but the society in Paris which supplies the dogs to the ambulances at the Front has issued a request that no more sporting dogs be presented to the Army.

"Although intelligent, resourceful, and courageous, dogs which have been accustomed to go out with sportsmen will not do for war service," says the society's notice. "They are so completely the slaves of their old passion that no training can cure them. A pointer, once he scents a pheasant, can't resist the temptation, and will abandon a wounded soldier to go in pursuit of the bird."

Hospitals and Nurses

NOVA SCOTIA

The engagement is announced of Nursing Sister Laura McManus, of the Station Hospital, to Dr. J. A. Macdonald, of Halifax. The marriage will take place in February.

Nursing Sister Evangeline Macdonald, of the Station Hospital, was married on January 19th to Captain A. F. Haliburton, of Halifax. The bride, who was very popular at the hospital, received many valuable presents, among them being a set of table silver from the officers and nurses at the Station Hospital. On their return from a trip they will reside in Halifax.

It is rumored that the Dalhousie Hospital Unit has been released from special service in France, and will return shortly.

Miss Woodward, Social Service worker in connection with the Infants' Home, has returned to Halifax after a holiday spent in the United States.

It is with regret that the continued illness of Nursing Sister Grant, of Camp Hill Military Hospital, is reported. She is at Pine Hill Convalescent Home for treatment.

Very interesting letters have been received from former Acting Matron Doyle, who is serving in France.

Mrs. Corston, wife of Major Corston, and Miss Bamford, superintendent of the Children's Hospital, both valued members of the N. S. G. N. A., are recovering from influenza.

The annual meeting of the V.O.N. will be held this month. The nurses have had a wonderful record of work done for the past year, during the sad time following the explosion and also during the influenza epidemic.

At the last meeting of the N.S.G.N.A., Miss Barrington, the president, spoke of the great work done by the nurses during the epidemic and of the shortage of graduates at that time. The Registration Committee reported that business in connection with the Registration Bill will be transacted early in the year. The Suffrage Committee reported progress, conditions being very encouraging for provincial suffrage shortly.

Large numbers of returning nursing sisters are passing through Halifax en route for all parts of Canada.

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NEW BRUNSWICK

The Canadian Red Cross and the Repatriation Committee decided that the soldiers' dependents coming into Canada needed nursing care

while en route to their homes. On December 14th, 1918, the Canadian National Association of Trained Nurses was asked to recommend nurses for appointment for this service. It was thought advisable to secure the nurses from Quebec, New Brunswick and Nova Scotia, as they would be near the port of entry. The members of the executive in these provinces undertook to secure the necessary nurses—Miss Hersey in Quebec, Miss Retallick in New Brunswick and Miss Pickles in Nova Scotia assuming the responsibility. The nurses appointed were to be recommended by the Provincial Association of the province. The nurses were selected and placed on the trains almost immediately, the local branch of the Canadian Red Cross Society being responsible for the actual appointment of the nurses and assigning their duties. Every train carrying the wives and children of the soldiers has one or more nurses on board.

The value of the nurse, both as a nurse and as a social worker, can hardly be overestimated. Nearly all the women are unfamiliar with the country, and feel like strangers in a strange land. Having a nurse who knows the country and the system of traveling is in itself a great help. This special branch of war work promises to be one of the most important yet undertaken by the Canadian Red Cross Society.

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ONTARIO

Hamilton

St. Joseph's Alumnæ held its first meeting for the year 1919 on January 14th, with a large number of members present. A very gratifying report for 1918 was given by Miss Jean Moran. Some of the items of interest were a splendid showing of Red Cross work and a successful card social, with proceeds turned in for Red Cross purposes.

Misses L. Furey and N. Finn, members of the A.A., volunteered during the influenza epidemic for work in Boston, where they remained for three weeks, returning to give assistance in combatting the epidemic in Hamilton. Miss Finn also assisted during the typhoid epidemic in Chatham, Ont.

Misses Boyes, Grant, McGinnity and Egan, who were taking a post-graduate course in New York, returned, at the request of Dr. Roberts, Medical Health Officer, to help nurse influenza.

A vote of thanks was given to Misses Egan, Kelly and Moran, officers of last year.

Plans were discussed for a busy year, and nominations were submitted and approved by the meeting.

Reference was made to the loss sustained by the profession in the death of Dr. Balfe, whose kindness and sympathy with the nurses was so well known.

The many friends of Miss M. Grant will be pleased to hear that she is rapidly recovering from a serious operation in St. Joseph's Hospital.

The regular monthly meeting of the Toronto Western Hospital A.A. was held December 6th in the assembly hall of the hospital, the president, Mrs. Gilroy, in the chair. After the usual business, the nurses enjoyed a brief talk by Major Baillie, of the College Street Military Hospital, giving a very interesting account of the work done in that hospital.

SICK CHILDREN'S HOSPITAL A.A.

Miss E. A. Hames has returned from Teachers' College, New York, to take a position in the Hospital for Sick Children.

The Alumnæ recently entertained the graduating class at a dance at the Nurses' Club, 295 Sherbourne Street, Toronto.

The regular monthly meeting of the Hamilton City Hospital A.A. was held on January 7th, and was well attended. On account of the prevalence of influenza, the election of officers for the ensuing year had been postponed from December, the annual meeting of this association; this election then took place, and the president, Miss Burnett, and officers duly elected. After the business was concluded a social hour was spent, and Miss Fairley, the new lady superintendent, was introduced.

Misses Alice C. Doyle and Annie B. Boyd, two of the nurses who have been overseas, have been recently decorated with the Royal Red Cross, Second Class.

KINGSTON

The regular meeting of the K.G.H.A.A. was held January 7th. An invitation is to be sent to invite the G.N.A.O. to hold their Spring convention in Kingston.

It was decided to place a tablet in the General Hospital to all the nurses who have seen military service during the war.

The sum of $100.00 is to be given to the Serbian Relief Fund for the upkeep of two families.

The regular annual meeting of the Alumnæ Association of the Toronto Orthopedic Hospital Training School for Nurses was held in the library of the hospital at 3 p.m. on Thursday, November 28th.

The following officers were appointed for the year 1918-1919: Honorary president, Miss E. MacLean, Toronto Orthopedic Hospital; president, Mrs. A. W. McClennan, 436 Palmerston Road; vice-president, Mrs. W. E. Ogden, 9 Spadina Road; secretary-treasurer, Mrs. W. J. Smither, 71 Grenville Street; press representative, Mrs. W. J. Smither; representatives to Central Registry, Mrs. A. W. McClennan and Mrs. W. J. Smither.

General discussion of plans for work for the coming year took place, and a hearty tribute was paid the honorary president, Miss E.

MacLean, for her unflagging efforts in behalf of the Alumnæ during the past year.

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MANITOBA

A meeting of the Manitoba Public Welfare Commission was held in the Court House, Brandon, on the evening of January 19th; a fair audience of people present. Valuable information was received and an interchange of views given.

The Commission comprised four branches of problematic work:

(1) Child Welfare;

(2) Hospitals and Nurses;

(3) Prisons and Reformatories;

(4) The Dependent Poor.

The members of the Commission present included W. J. Fulton, B.A. (who acted as chairman), Winnipeg; Mrs. S. E. Clement, Brandon; Miss E. Johns, Winnipeg; Mrs. Halpenny, A. M. Thompson and Secretary A. P. Paget, Winnipeg.

Mr. W. J. Fulton outlined the steps leading up to the formation of the Commission and the subject to which they were devoting their attention.

First and foremost came child welfare discussion, opened by Mrs. Halpenny. It was a recognized fact that many children were not getting the care to which they were entitled.

The plan of the Commission is to ask for the creation by the Government of a Department of Child Welfare, under a sympathetic Minister; the department to keep all records of each child in the Province. In this way it would be impossible for a child to become lost, and the Province would thus be acting as a parent.

For the dependent child, mentally and physically unfit, and moral delinquent, there should be a home, not a jail, where they would get the care and protection of a home, instead of judicial or custodian. Also there should be an institution to act as a receiving home, providing a means of research, board of selection, and proper classification; a detention home, whenever found necessary in the interests of the child to take it from the parents, and the State would be responsible.

The feeble-minded should not be recognized as parents. In 1913 there were 1,200 in Winnipeg only. What must the number be throughout the Province!

It was suggested that Foster Homes be established, say, perhaps, used as a probation period. Province should be well canvassed—town and country. An institution also was recommended for the feeble-minded, both boys and girls. Study the mental calibre and adopt means accordingly. Unfortunate children of the unmarried mother should be protected.

Miss E. Johns spoke on "Hospitals and Nurses," briefly and to the point. Only a small opening was left for discussion. The outstanding feature acknowledged was the inadequacy of the Brandon General Hospital to meet and cope with its demands. Intimation was given that a new building would be erected in the near future.

One feature just touched upon was the advisability of the smaller hospitals amalgamating with the larger, in so far as the nurses taking a course in the larger hospitals rather than a full course in the smaller, which would not be of greatest efficiency. In regard to the hospitals for insane, it was recommended that no admission through jail, as this was neither right nor necessary; that there should be a real hospital for the insane, with regular qualified trained nurses.

Brandon should have the main institution for the Province, and used as a school for physicians and nurses. Medical college training is not sufficient—a practical course is more beneficial, and this applies also to the nurses.

The Mothers' Allowance Act, though a splendid measure, did not cope with the question of the dependent poor, said Mr. Thompson. The Old Folks' Home at Portage was about the only attempt made to care for the aged. Public welfare work already costs the Government two million dollars annually.

There is a capital expenditure of nine millions, and yet the business is more or less haphazard. The need is for one Government department to control.

There should be a board to supervise institutions in which children, defectives and criminals, are housed, and to undertake the definite task of improving their condition.

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BRITISH COLUMBIA

Miss Ruth Percival, graduate of Prince Rupert Hospital, Prince Rupert, B.C., has joined the staff of the Chilliwack Hospital.

Miss Franklin, who was formerly City Relief nurse for Vancouver, and, since 1914, has been on the staff of the Canadian Patriotic Fund, Vancouver branch, has accepted the position of Social Service nurse at the Vancouver General Hospital.

Nursing Sisters E. L. Laslett, Mary McLean, M. Green and Mulhall returned on the SS. "Asia" recently.

The quarterly meeting of the G. N. A. of B. C. was held at the Royal Jubilee Hospital, Victoria, on Saturday, February 8th; the president, Miss Randal, in the chair. After the routine business, considerable discussion was held on the proposed eight-hour day for all training schools which it is desired by the Association should come into effect as soon as possible. This would in all probability have been an accomplished fact before this except for the war conditions in the hospitals and training schools.

Plans for the annual meeting, to be held Easter Monday, and for the conventions of the C.A.N.E. and the C.N.A., which will be held in Vancouver early in July, were discussed.

A most interesting address was given by Miss Wynn, director of the retarded classes in Victoria, on the pressing need of a proper place for segregating and caring for the feeble-minded in our Province.

Mrs. Hannington, chief superintendent of the V.O.N., was asked to address the meeting, and spoke of conditions as she had found them in her trip from coast to coast.

The meeting then adjourned, after which refreshments were served by the nurses of the Royal Jubilee Hospital.

The regular monthly meeting of the Vancouver Graduate Nurses' Association was held February 5th, 1919. The following officers were elected: President, Miss Haskins; 1st vice-president, Miss Turnbull; 2nd vice-president, Miss Currie; secretary-treasurer, Miss R. Judge; executive committee, Mrs. Johnson, Miss Breeze, Miss R. McLeod, Miss Campbell, Miss I. Clark.

After the business meeting Dr. F. C. McTavish, C.A.M.C., gave a most interesting lecture on "Orthopedics," showing living examples of the excellent work he had done among children. The majority of the deformities were following infantile paralysis.

Marriages

Spence-Bennett—In London, England, Nursing Sister Jean M. Bennett to Lieut. F. A. Spence, M.C., of the Buffs. Miss Bennett is a graduate of Toronto Western Hospital, and has returned to Toronto after nineteen months overseas.

Hoth-Robinson—At 390 Cannon Street, Hamilton, Ont., by the Rev. J. A. Wilson, on January 1st, 1919, Mildred Irene Robinson (H.C.H., 1918), daughter of Mrs. C. F. Wilkin, to Martin W. Hoth.

Sketch-Dawson—On December 7th, 1918, in Kingston, Ont., Nursing Sister Jean S. M. Dawson (Kingston General Hospital, 1914) to Lieut. William P. Sketch, of Cobourg, Ont. Lieut. Sketch served overseas and was wounded.

Leitch-Lumsden—On December 18th, 1918, Alice Jane Lumsden (Brandon General Hospital, 1917) to Peter McNab Leitch, of Alexander, Man.

Howat-Cheverton—On December 18th, 1918, Miss Jessie Cheverton (Brandon General Hospital, 1917) to Mr. George Howat, of Alexander, Man.

Pierson-Nutman—On January 25th, 1919, Miss. Benvenuta Nutman (Brandon General Hospital, 1909) to Mr. Alfred Pierson. Mr. and Mrs. Pierson will reside in Brandon.

Deaths

COOK—In Toronto, December 31st, 1918, Alice Cook, of influenza. Miss Cook graduated from the Hospital for Sick Children in May, 1917, and was with the Invalid Soldiers' Commission at the time of her illness.

STEPHEN—At Hamilton City Hospital, Hamilton, Ont., on November 1st, 1918, Miss Clara Stephen, of Attwood, Ont., a member of the class of 1918, Hamilton City Hospital.

MACNAUGHTON—At Finch, Ont., November 10th, 1918, of influenza, Eliza MacNaughton, graduate of Kingston General Hospital, May, 1918.

HURLBURT—On November 22nd, 1918, at Winnipeg, Man., of pneumonia following influenza, Hattie Hurlburt, class of 1916, Y. W. C.A. Hospital, Jamestown, N.Y., and staff nurse, Winnipeg City Hospital.

DAVIS—In Memoriam. In loving memory of Nursing Sister Lena Alva Davis, who died at Basingstoke, England, February 21st, 1918. (Inserted by Alexandria MacDonald McKee.)

WHEN THE DEAD SPEAK

In their methodical attempts to erase everything German from their memories and life, the good people of London not long ago fell to discussing the propriety of removing from the front of his London residence a tablet erected to Heinrich Heine, the great German poet and journalist. The Radicals were for ripping off the bronze with scant ceremony. The Conservatives argued for a broader view. Much good, they said, had come from Heine during his residence in London in 1827, despite some of his caustic comments. The Radicals demanded proof. Nothing but the facts would satisfy them. Thereupon several quotations from the German poet were produced, among them the following: "An Englishman loves Freedom as he loves his lawfully wedded wife; he regards her as a possession, and, if he does not treat her with special tenderness, yet if need be, he knows how to defend her. A Frenchman loves Freedom as he loves his chosen bride; he will commit a thousand follies for her sake. A German loves Freedom as he loves his old grandmother." The removal of the tablet has been indefinitely postponed. The British, regardless of popular belief, are not without their sense of humor.—*Cincinnati Times-Star.*

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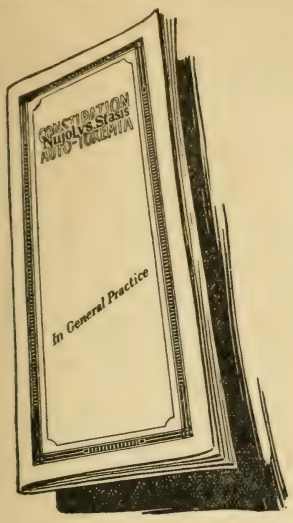

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Regular Monthly Meeting—Third Tuesday, 8 p.m.

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Regular Meeting—Second Friday every second month.

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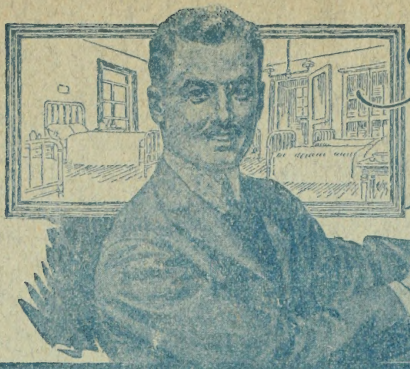

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